



*Breast & Cervical*  
**CANCER EARLY DETECTION**  
*Program of Alabama*

**PROVIDER CHECKLIST**

As part of the ABCCEDP contracting process, please complete the following table and provide copies of all licenses. Answer all questions. Put "N/A" if not applicable. Information provided is used in our online database system and to allow the ABCCEDP to relay important information to the proper personnel as the need arises. This form, along with all required copies of documents, must be returned with the signed contract.

Name of Physician, Practice, or Facility	
Tax ID Number	
UPIN Number	
MQSA Certification # for Mammography Providers	
CLIA Lab Certification # for Labs	
<b>Physical</b> Address	
<b>Physical</b> City, State, Zip	
<b>Billing</b> Address for Receipt of Payments	
<b>Billing</b> City, State, Zip	
<b>Mailing</b> Address (Program Updates & General Correspondence)	
<b>Mailing</b> City, State, Zip	
<b>PRACTICE EMAIL ADDRESS</b> (Program Updates & General Correspondence)	
Main Telephone Number	
Fax Number	
<b>ABCCEDP HOTLINE NUMBER</b>	

<b>BILLING</b> Contact Person	
<b>BILLING</b> Phone Number	
<b>BILLING</b> Email Address	
<b>CONTRACTING</b> Contact Person	
<b>CONTRACTING</b> Phone Number	
<b>CONTRACTING</b> Email Address	
<b>PRACTICE MANAGER</b> Name	
<b>PRACTICE MANAGER</b> Phone Number	
Number of Physicians	
Number of Registered Nurses	
Number of Nurse Practitioners	
Number of Physician Assistants	
Number of Nurse Anesthetists	
Number of Cytologists	
Number of Radiologic Technologists	
Number of Certified Mammographers	
Method of PAP Collection (select all that apply)	Thin Prep Slide Other
Do you now or do you plan to offer separate HPV testing?	Yes No Not Now
Attach Legible Copy of license for each Physician, RN, CRNP, PA, Rad Tech, Mammographer, Cytologist, & Nurse Anesthetist	Attached
Name of Lab Used (if not a lab)	
Are patients billed separately for lab procedures?	Yes No

Attach Legible Copy of Usual & Customary Fee Schedule for Breast & Cervical Cancer Screening & Diagnostic Services on Practice Letterhead	Attached
Are your services billed for global, technical, or professional fee? Select one. <b><i>If selected codes are billed differently, please indicate which codes are global, technical, or professional on the copy of your fee schedule.</i></b>	Global Technical Professional Mixture – see notations on fee schedule
Are services and facilities accessible to the disabled?	Yes No Other – Explain: _____ _____

Questions regarding this checklist, requested documents, and any other document contained in the contract package should be directed to your Regional Coordinator (see attached Regional Coordinator List). Thank you in advance for completing all required paperwork and for participating in the Alabama Breast & Cervical Cancer Early Detection program.